



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Prescribing Providers and Pharmacists Participating in the Virginia Medical Assistance Programs

FROM: Gregg A. Pane, MD, MPA, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special
DATE: 12/8/2010

SUBJECT: Modifications to the Virginia Medicaid Preferred Drug List (PDL) Program — Effective January 1, 2011 and the addition of over the counter drugs (OTC) to the Virginia Maximum Allowable Cost Program (MAC) — Effective January 5, 2011

The purpose of this memorandum is to inform providers about modifications to Virginia Medicaid's Preferred Drug List (PDL) Program that will become effective on January 1, 2011, and the addition of over the counter drugs (OTCs) to the Virginia Maximum Allowable Cost Program which will become effective January 5, 2011.

Preferred Drug List (PDL) Updates – Effective January 1, 2011

The PDL is a list of preferred drugs, by select therapeutic class, for which the Medicaid program allows payment without requiring service authorization (SA). *Please note that not all drug classes are subject to the Virginia Medicaid PDL.* In the designated classes, drug products classified as non-preferred will be subject to SA. In some instances, additional clinical criteria may apply to a respective drug class which could result in the need for a SA.

The PDL program aims to provide clinically effective and safe drugs to Medicaid members in a cost-effective manner. Your continued compliance and support of this program is critical to its success. The PDL is effective for the Medicaid, MEDALLION, and FAMIS Plus fee-for-service populations. The PDL **does not** apply to members enrolled in a Managed Care Organization.

The DMAS Pharmacy and Therapeutics (P&T) Committee recently conducted its annual review of the PDL Phase I drug classes listed below. Specific drug additions within the following PDL categories are identified in bold type in the attached PDL Quicklist.

- Antivirals
- Cardiac Medications
- Central Nervous System
- Endocrine and Metabolic
- Gastrointestinal
- Genitourinary
- Immunologic

- Respiratory

The revised PDL Quicklist is attached to this memo and reflects all the changes that will become **effective on January 1, 2011**. Please note that the revised PDL Quicklist only includes “preferred” drugs (no SA required). **A SA is required if the drug requested from one of these select therapeutic classes is not on the list.**

You may also access the complete list of pharmaceutical products included on the Virginia PDL by visiting http://www.dmas.virginia.gov/pharm-pdl_program.htm or <https://www.virginiamedicaidpharmacyservices.com>. Additional information and Provider Manual updates will be posted as necessary. Comments and questions regarding this program may be emailed to pdlinput@dmas.virginia.gov.

Colchicine: FDA Orders Halt to Marketing of Unapproved Single-Ingredient Colchicine

On September 30, 2010, the FDA ordered a halt to marketing of unapproved single-ingredient oral colchicine products. Interstate shipping of unapproved colchicine will cease by the end of December 2010. Colchicine has been used in the prevention and treatment of gout as well as Familial Mediterranean Fever for decades. However, generic colchicine was not evaluated by the FDA; therefore cannot be considered an FDA approved drug. Currently the only FDA-approved single-ingredient colchicine on the market is the brand name product, Colcrys®.

Effective January 1, 2011, colchicine will be removed from Virginia’s PDL. Other agents on the PDL for the treatment of gout include allopurinol, probenecid and probenecid-colchicine. Colcrys® will continue to be a non-preferred agent and is subject to service authorization (SA). The PDL criteria used in the evaluation of the service authorization request are attached.

PDL Service Authorization (SA) Process

A message indicating that a drug requires a SA will be displayed at the point of sale (POS) when a non-preferred drug is dispensed. Pharmacists should contact the patient’s prescribing provider to request that they initiate the SA process. Prescribers can initiate SA requests by letter; faxing to 1-800-932-6651; contacting the Provider Synergies’ Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week); or by using the web-based service authorization process (Web PA). Faxed and mailed SA requests will receive a response within 24 hours of receipt. SA requests can be mailed to:

Provider Synergies
ATTN: MAP Department/ VA Medicaid
4300 Cox Road
Glen Allen, Virginia 23060

A copy of the SA form is available online at <https://www.virginiamedicaidpharmacyservices.com>. The PDL criteria for SA purposes are also available on the same website.

PDL 72-Hour-Supply Processing Policy and Dispensing Fee Process

The PDL program provides a process where the pharmacist may dispense a 72-hour supply of a non-preferred, prescribed medication if the prescriber is not available to consult with the pharmacist (after-hours, weekends, or holidays), **AND** the pharmacist, in his/her professional judgment, consistent with current standards of practice, feels that the patient’s health would be compromised without the benefit of

the drug. A phone call by the pharmacy provider to Provider Synergies at 1-800-932-6648 (available 24 hours a day, seven days a week) is required for processing a 72-hour supply.

The patient will be charged a co-payment applicable for this 72-hour supply (partial fill). However, a co-payment will not be charged for the completion fill. The prescription must be processed as a “partial” fill and then a “completion” fill. For unit-of-use drugs (i.e., inhalers, drops, etc.), the entire unit should be dispensed and appropriate action taken to prevent similar situations in the future.

Pharmacy providers are entitled to an additional \$3.75 dispensing fee when filling the completion of a 72-hour-supply prescription for a non-preferred drug. To receive the additional dispensing fee, the pharmacist must submit the 72-hour supply as a partial fill and, when submitting the claim for the completion fill, enter “03” in the “Level of Service” (data element 418-DI) field. The additional dispensing fee is only available (one time per prescription) to the pharmacist after dispensing the completion fill of a non-preferred drug when a partial (72-hour supply) prescription was previously filled.

Mobile Device Download for PDL Quicklist

There are two ways to download the PDL list to mobile devices. There is a link on the DMAS website (http://www.dmas.virginia.gov/pharm-pdl_program.htm) which enables providers to download the PDL Quicklist to their mobile device. This page will have complete directions for the download and HotSync operations.

ePocrates® users may also access Virginia Medicaid’s PDL through the ePocrates® formulary link at www.epocrates.com. ePocrates® is a leading drug information software application for handheld computers (PDAs) and desktop computers. For more information and product registration, please visit the ePocrates® website at www.epocrates.com. To download the Virginia Medicaid PDL via the ePocrates® website to your mobile device, please follow these steps:

1. Ensure that you have the most recent version of ePocrates Rx® installed on your mobile device.
2. Connect to the Internet and go to www.epocrates.com.
3. Click the “Add Formularies” link at the top of the page.
4. Log in to the website using your user name and password.
5. Select “Virginia” from the “Select State” menu.
6. Select “Virginia Medicaid-PDL” under “Available Formularies.”
7. Click on “Add to My List” and then click on “Done.”
8. Auto Update your mobile device to install the “Virginia Medicaid-PDL” to your mobile device.

Addition of OTCs to the Virginia Maximum Allowable Cost (MAC) Program

Effective January 5, 2011, OTCs covered by the Virginia Medicaid Program will be subject to the reimbursement algorithm of the Virginia MAC Program. The Virginia MAC program reimburses pharmacies for multi-source, generic drugs at Wholesale Acquisition Cost (WAC) plus 10% or the second lowest WAC plus 6%, the Federal Upper Payment Limit (FUL), the pharmacist’s usual and customary charge or the estimated acquisition cost (EAC), whichever is less. A complete description of the Virginia MAC program can be found in regulation (12VAC30-80-40).

Examples of OTCs covered under the MAC program include, cough and cold medicines, analgesics and gastrointestinal products. A complete list of items priced under the Virginia MAC program can be found at <https://www.virginiamedicaidpharmcyservices.com/>.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the ACS Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 A.M. to 5:00 P.M. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions – Health Services Foundation Enterprise Systems/HDX www.hdx.com Telephone: 1 (610) 219-2322	Emdeon www.emdeon.com Telephone: 1 (877) 363-3666
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“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

Attached Number of Pages: (7)

Virginia Medicaid Preferred Drug List, Effective January 1, 2011

Gout Suppressants (Antihyperuricemics)

LENGTH OF AUTHORIZATIONS: 1 year

- 1) Is there any reason the patient cannot be changed to a medication not requiring service approval within the same class?

Acceptable reasons include:

- Allergy to medication not requiring service approval
- Contraindication to or drug-to-drug interaction with medication not requiring service approval
- History of unacceptable/toxic side effects to medication not requiring service approval

Document clinically compelling information

- 2) Has the patient tried and failed a therapeutic trial with a preferred drug within the same class? If so, document and approve the service authorized drug.

Clinical Criteria For: Colcrys™

Colcrys™ will be approved if any one of the following is true:

- Diagnosis of Familial Mediterranean Fever; OR
- For Acute Gout Flare:
 - Trial and failure of one of the following:
 - NSAID (i.e., indomethacin, naproxen, ibuprofen, sulindac, ketoprofen)
 - Corticosteroid

References

1. Facts and Comparisons on-line. Version 4.0; Wolters Kluwer Health, Inc.; 2010. Accessed September 14, 2010.
2. Thompson MICROMEDEX on-line © 1974-2010. Accessed September 14, 2010.
3. Provider Synergies. Antihyperuricemics Review. May 6, 2010.

Gout Suppressants

Preferred Drugs - No SA Required	<i>Non-preferred Drugs - SA Required</i>
allopurinol	<i>Uloric®</i>
colchicine	<i>Colcrys®</i>
Probenecid®	
Probenecid and Colchicine	

New generic, brand, or dose formulation anticipated, will be non-preferred pending review

Within these categories,
drugs that are not listed
are subject to Service
Authorization



Virginia Medicaid Preferred Drug List Effective January 1, 2011

Provider Synergies, an affiliate of
Magellan Medicaid Administration
Phone: 1-800-932-6648
Fax: 1-800-932-6651

ANALGESICS

BARBITURATE &
NON-SALICYLATE

ANALGESIC COMBINATIONS

NARCOTICS: *
LONG-ACTING
Duragesic® (Brand Only) *
Kadian® *

morphine sulfate tablets SA*

NARCOTIC
LOZENGES
fentanyl citrate**

NON-STEROIDAL ANTI-
INFLAMMATORY DRUGS

Celebrex®* *
diclofenac potassium
diclofenac sodium
diflunisal
etodolac
etodolac SR
fenoprofen
flurbiprofen
ibuprofen
indomethacin
indomethacin SR
ketoprofen
ketoprofen SR
ketorolac
meclofenamate sodium
meloxicam
nabumetone
naproxen
naproxen sodium
oxaprozin
piroxicam
sulindac
tolmetin sodium

CEPHALOSPORINS:
2ND & 3RD GENERATION

cefaclor capsule
cefaclor ER
cefaclor suspension
cefdinir capsules
cefdinir suspension
ceprozil tablet
ceprozil suspension
cefuroxime tablet
Raniclor®
Spectracef®
Suprax Suspension®

MACROLIDES

azithromycin tablet
azithromycin packet
azithromycin suspension
clarithromycin tablet
clarithromycin suspension
E.E.S®
Eryped®
Suboxone®
buprenorphine SL

OPIOID DEPENDENCY

tramadol HCL
tramadol HCL/APAP
Suboxone®
buprenorphine SL

TOPICAL AGENTS &
ANESTHETICS*

Flector® Patch*
Voltaren® Gel*

ANTIBIOTICS –
ANTIINFECTIVES

ORAL ANTIFUNGALS –
Grifulvin V® Tablets
Gris-Peg®
griseofulvin oral susp
terbinafine

OTIC QUINOLONES

Ciprodex®
ofloxacin

TOPICAL ANIBIOTICS

Altabax® 15 gram tube (only)

ANTIVIRALS

HEPATITIS C**
Pegasys Conv.Pack® **
Pegasys®**
Pegintron®**
Pegintron Redipen®**

HERPES

acyclovir tablets
acyclovir suspension
Famvir®
Valtrex®

INFLUENZA

amantadine
amantadine syrup
Relenza Disk®
rimantadine
Tamiflu®
Tamiflu suspension®

TOPICAL ANTI-HERPES

Abreva OTC®
Zovirax Oint®

QUINOLONES: 2ND &
3RD GENERATION

Avelox®
Avelox ABC pack®
ciprofloxacin tablet
Cipro suspension®

® = Registered Trade name

Bold font indicates drug added since last up-date

* A step edit is required for this class

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CARDIAC MEDICATIONS

ACE INHIBITORS

benazepril
benazepril /HCTZ
captopril
captopril/HCTZ
enalapril
enalapril/HCTZ
lisinopril
lisinopril/HCTZ

LIPOTROPICS: BILE ACID SEQUESTRANTS

cholestyramine light
cholestyramine
Colestid® granules, packet, tablet
colestipol HCl granules, packet, tablet
Prevalite®
Questran®
WelChol® tablet
WelChol packet

LIPOTROPICS: BILE ACID

HEPARIN

Arixtra®
Fragmin®
Lovenox®

CALCIUM CHANNEL BLOCKERS:

DIHYDROPYRIDINE

Afeditab CR®
amlodipine
Dynacirc® CR
felodipine ER
nicardipine
Nifediac CC®
Nifedical XL®
nifedipine
nifedipine ER
nifedipine SA

PDE-5 INHIBITORS - PAH*

PLATELET INHIBITORS

Aggrenox®
dipyridamole
Plavix®
ticlopidine HCl
Adcirca™
Revatio®**

ANGIOTENSIN RECEPTOR ANTAGONISTS

BETA BLOCKERS

(2.5/10, 5/10, 5/20 & 10/20 generic preferred)
Lotrel® (5/40 and 10/40 brand preferred)
Diovan®*
Diovan HCT®*
Losartan
Losartan/HCTZ

NON-CALCIUM CHANNEL BLOCKERS:

NON-DIHYDROPYRIDINE

acebutolol
atenolol
atenolol/chlorthalidone
bisoprolol fumarate
bisoprolol/HCTZ
carvedilol
labetalol HCL
metoprolol tartrate
metoprolol/HCTZ
nadolol
nadolol/bendroflumethiazide

LIPOBIOCIDS: NIACIN & DERIVATIVES

STATIN COMBINATIONS

Simcor®*
Niacor®
Niaspan®

LIPOBIOCIDS: NIACIN

RECEPTOR AGONISTS

Mirapex®
ropinirole HCL

CALCIUM CHANNEL BLOCKERS:

AGENT

Taztia XT®
verapamil
verapamil SA
verapamil 24 hr pellets
Lovaaza®*

SEDATIVE HYPNOTIC OTHER *

NON-HYPNOTIC OTHER *

Roserem®*
zolpidem

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**SEROTONIN RECEPTOR
AGONISTS (Triptans)**

Maxalt-MLT[®]

sumatriptan succinate Cartridge
sumatriptan succinate Nasal
sumatriptan succinate Pen Kit
sumatriptan succinate Tablet
sumatriptan succinate Vial

**SEROTONIN RECEPTOR
AGONISTS (Triptans)**

Maxalt-MLT[®]

sumatriptan succinate Cartridge
sumatriptan succinate Nasal
sumatriptan succinate Pen Kit
sumatriptan succinate Tablet
sumatriptan succinate Vial

TRANSDERMAL

Ortho Evra[®]

INSULIN

Humulin[®] N Vial
Humulin[®] N Pen
Novolin[®] N Vial

DERMATOLOGIC

ACNE AGENTS

benzoyl peroxide
clindamycin

GROWTH HORMONE**

Genotropin[®]***
Nutropin AQ NuSpinTM **

INSULIN

Humalog[®] Cartridge
Humalog[®] KwikPen
Humalog[®] Vial

RAPID-ACTING

Humalog[®] Cartridge
Humalog[®] KwikPen
Humalog[®] Vial

INSULIN

Novolog[®] Cartridge
Novolog[®] Flexpen Syringe
Novolog[®] Vial

**HEMATOPOIETIC
AGENTS**

Procrit[®]

INJECTABLE

INCRETIN MIMETICS

Byetta[®]

HYPOGLYCEMICS

INCRETIN MIMETICS

Byetta[®]

INSULIN

Humulin[®] R Vial
Novolin[®] R Vial

ORAL HYPOGLYCEMICS

ALPHAGLUCOSIDASE

INHIBITORS

acarbose
Glyset[®]

INSULIN

Humulin[®] Mix 50/50 Vial
Humalog[®] Mix 50/50 KwikPen
Humalog[®] Mix 75/25 Vial
Humalog[®] Mix 75/25 KwikPen
Novolog[®] Mix 70/30 Vial
Novolog[®] Mix 70/30 Pen

LONG-ACTING

Lantus[®] Vial
Levemir[®] Vial
Levemir[®] Pen

INSULIN

Humulin[®] Mix 50/50 Vial
Humalog[®] Mix 50/50 KwikPen
Humalog[®] Mix 75/25 Vial
Humalog[®] Mix 75/25 KwikPen
Novolog[®] Mix 70/30 Vial
Novolog[®] Mix 70/30 Pen

INSULIN MIX

Humalog[®] Mix 50/50 Vial
Humalog[®] Mix 50/50 KwikPen
Humalog[®] Mix 75/25 Vial
Humalog[®] Mix 75/25 KwikPen
Novolog[®] Mix 70/30 Vial
Novolog[®] Mix 70/30 Pen

BIGUANIDES

metformin
metformin ER

**ENDOCRINE AND
METABOLIC AGENTS**

Androderm[®]
Androgel[®]
Testim[®]

ANDROGENIC AGENTS

Androderm[®]
Androgel[®]
Testim[®]

BIGUANIDE COMBINATIONS

Avandamet[®]
glipizide-metformin
glyburide-metformin

INSULIN 70/30

Humulin[®] 70/30 Vial
Humulin[®] 70/30 Pen
Novolin[®] 70/30 Vial

CONTRACEPTIVES

Nuvaring[®]

ORAL

Generic only class with
YAZ[®] included

**STIMULANTS/ADHD
MEDICATIONS**

amphetamine salt combo
Concerta[®]
dextroamphetamine tablet
Focalin XR[®]
methylphenidate tablet

Bold font indicates drug added since last up-date
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[®] = Registered Trade name
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DPP-IV INHIBITORS AND

COMBINATIONS

Janumet®
Januvia®
Onglyza®

VAGINAL ESTROGENS

Premarin®
Vagifem®

ULCERATIVE COLITIS

(5-ASA) RECTAL
Canasa® suppository
mesalamine enema

GASTROINTESTINAL
HISTAMINE-2 RECEPTOR

ANTAGONISTS (H-2RA)

famotidine tablet

ranitidine tablet

ranitidine syrup

MOTILITY AGENTS

metoclopramide
metoclopramide ER

ANDROGEN/HORMONE INHIBITORS

Avodart®
finasteride

ALPHA BLOCKERS

FOR BPH

Flomax®

MEGLITINIDES

GENERATION

Starlix®
glimepiride
glipizide
glipizide ER

SULFONYLUREAS

glyburide
glyburide micronized
glyburide solutab
Prevacid® suspension
Prevacid® solutab
(No SA required, under age 12)
Prevacid® OTC
Prilosec® OTC
Protonix® *

THIAZOLIDINEDIONES

ORAL AGENTS FOR GOUT

Actos® 15 mg only
Avandia®

PROGESTATIONAL AGENTS

allopurinol
probencid
probencid-colchicine
medroxyprogesterone acetate
noretindrone acetate
progesterone
Prometrium®
Provera®

IMMUNOLOGIC AGENTS

SELF ADMINISTERED DRUGS FOR RHEUMATOID ARTHRITIS

Enbrel®
Humira®

MULTIPLE SCLEROSIS AGENTS

Avonex®
Avonex® Adm Pack
Betaseron®
Copaxone®
Rebif®

TOPICAL IMMUNOMODULATORS**

Elidel® **

ELECTROLYTE DEPLETERS

Forstrenol®
Phoslo®
Renagel®

OPHTHALMIC: QUINOLONES

ciprofloxacin
ofloxacin
Quixin®
Vigamox®
Zymar®

URINARY ANTISPASMODICS

Detroit® LA
Enablex®
oxybutynin tablet
oxybutynin syrup
Oxytrol® Transdermal
Sanctura®
Sanctura XR®
VESicare®

ANTI-HISTAMINES

Alaway OTC®
Acular®
Acular LS®
diclofenac sodium
flurbiprofen sodium
Nevanac®
Xibrom®

ANTI-INFLAMMATORY

Pentasa®
sulfasalazine IR & DR
megestrol acetate

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**GLAUCOMA: ALPHA-2
ADRENERGICS**
Alphagan P®
brimonidine tartrate
Iopidine®

**OSTEOPOROSIS
BISPHOSPHONATES**
alendronate tablet
Fosamax® Solution

ipratropium bromide
Spiriva®

GLAUCOMA: BETA-BLOCKERS
**ANTIHISTAMINE-PST
GENERATION &
DECONGESTANT
COMBINATIONS**
Generic only class

**ANTIHISTAMINE-PST
GENERATION &
DECONGESTANT
COMBINATIONS**
**DECONGESTANT &
EXPECTORANT
COMBINATIONS**
Generic only class

CALCITONINS
Miacalcin®

RESPIRATORY
**ANTIHISTAMINES:
PST GENERATION**
Generic only class

**BETA₂ ADRENERGIC &
CORTICOSTEROID INHALER
COMBINATIONS**
**INHALED
CORTICOSTEROIDS**
Generic only class

**BETA₂ ADRENERGIC &
CORTICOSTEROID INHALER
COMBINATIONS**
INTRANASAL ANTIHISTAMINES
Generic only class

2ND GENERATION
cetirizine solution (SA required,
except for children under age 2)
cetirizine syrup OTC/Rx
Claritin tablets OTC®
Claritin RediTabs® OTC
Claritin Syrup OTC®
Claritin-D 12 hr OTC®
Claritin-D 24 hr OTC®
Ioratadine tablet
(All OTCs names)
Ioratadine tablets- Rapids
(All OTCs names)

**GLAUCOMA: CARBONIC
ANHYDRASE INHIBITORS**
**BETA₂ ADRENERGICS:
LONG ACTING**
Foradil®
Serevent® Diskus

**GLAUCOMA: PROSTAGLANDIN
ANALOGS**
Travatan®
Travatan Z®
Xalatan®

**MAST CELL
STABILIZERS**
Alamast®
Alocril®
Alomide®
cromolyn sodium

**ANTIHISTAMINE &
DECONGESTANT
COMBINATIONS**
Generic only class

COPD ANTICHOLINERGICS
Atrovent HFA®
Combivent MDI®

**NARCOTIC ANTITUSSIVE &
EXPECTORANT COMBOS**
Generic only class

* A step edit is required for this class
® = Registered Trade name
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NASAL STEROIDS
fluticasone
Nasacort AQ®

NON-NARCOTIC
ANTITUSSIVES
Generic only class

NON-NARCOTIC
ANTITUSSIVE &
DECONGESTANT COMBOS
Generic only class

NON-NARCOTIC
ANTITUSSIVE &
EXPECTORANT COMBOS
Generic only class

NON-NARCOTIC
ANTITUSSIVE & FST
GENERATION
ANTIHISTAMINE
DECONGESTANT COMBOS
Generic only class

SELF-INJECTABLE
EPINEPHRINE
Epinephrine Autoinjector
EpiPen®
EpiPen® Jr

Bold font indicates drug added since last up-date

® = Registered Trade name

* A step edit is required for this class

**Clinical Service Authorization required